Administrative Exit Checklist

1. Employee's Name			2. Type of Position	3. Organization and I	ocation -
4. Action					
Transferring o	utside NIH to: (agency name)		Termination of appointment		
Reassigning within NIH to: (ICD name)				Resigning	
Other (specify)				Retiring	
5. Employee's Forward	ding Address and Phone Numbe	r		6. Effective Date (pro	oposed)
7. Administrative Office	cer's Name		8. Building/Room		
	ation and Verification Req	luired	10. (Continued)	.l	Completed (A.O. Initials)
AO notified: (name)		Response recd.	Forms NIH 2604 and 2604-1		
(AO initials) Supervisor			Original Plan with Progress Review/Summary Rating (Form NIH-2585)		
Lab Radiation Safety Officer			Form NIH 433, NIH Directory Form		
Procurement Analyst,			Form HHS 521, Cancellation of Outside Activity		
AMOB/Chief, CMB Personnel Manage-		_	11. Redelegation of the Following is Completed Required (Check applicable items) (Supv. Initials)		
ment Specialist			Self-Service Charge C	ard	
Travel Assistant (OD/ DIR)			DCRT Accounts (Form	NIH 1767-1)	
Administrative Technician (ED)			Signature Authority		
CC#:		Contract Project Officer			
OD Travel Assistant			Grants Project Officer		
Property Custodian		12. Items to be Turned in to A.O. Completed (Check applicable items) (A.O. Initials)			
Timekeeper		NIH Identification Card			
Network Administrator		Office Keys, Building Keys, Cardkeys			
Database		NIH Parking Hanger and Building Parking Card			
Administrators SES/EPMS Program		FTS and AT&T Cards			
Coordinator		Diner's Club Card			
Outside Activities Coordinator		NIH and NLM Library Material			
10. Items to be Completed and Completed Turned in to A.O. (Check applicable items) (A.O. Initials)			Radiation Badge		
	for Personnel Action	13. Other (any items not covered above)			
Time and Attendance Records					
I ⊢	nd PHS 1373 for COs				
Form HHS476, R	Record of Home Address				
Outstanding Tra	vel Advances/Vouchers				
Procurement Officials Certification of Continuing Obligation					
			15. Employee's Signature		Date
I		ı	1		i

Instructions for Completing Form NIH 2737, "Administrative Exit Checklist"

Items 1 through 3--Administrative Officer will complete.

Items 4 through 6--Supervisor or Administrative Officer will complete.

Items 7 and 8--Administrative Officer or designee will complete.

Items 9--Notification and Verification Required: The Administrative Officer will notify, via electronic mail, each official listed in this block when he/she is notified of a pending separation, requesting that any necessary action be taken by each official. All officials listed in this block will in turn provide an electronic mail response to the Administrative Officer, indicating whether or not any action needs to be taken for the separating employee for his/her respective area of clearance. For each applicable item, the Administrative Officer places the name of each clearance official on the solid line under "A.O. Notified (name)" and initials the form under "Response Recd. (A.O. initials)" when the clearance official responds.

Item 10--Items to be Completed and Turned in to A.O.: The Administrative Officer will check each box in the left column for each item that is applicable to the separating employee. When each applicable item has been turned in to the Administrative Officer, he/she will initial the line to the right of the item. The Administrative Officer will turn the items listed in this block to the following officials:

Form SF 52, Request for Personnel Action: Personnel Management Branch, Building 31, Room 7A27.

Time and Attendance Records: NIAID Payroll Representative, Building 31, Room 7A19.

Forms PHS 31 and PHS 1373: Personnel Management Branch, Building 31, Room 7A27.

Form HHS 476, Record of Home Address: Personnel Management Branch, Building 31, Room 7A27.

Outstanding Travel Advances/Vouchers: Respective Travel Assistant (OD/DIR) or Administrative Technician (ED).

Procurement Officials Certification of Continuing Obligation: Chief, CMB, Solar Building,

Room 3A07 or Chief, AMOB, Solar building, Room 1A25.

Forms NIH 2604 and 2604-1: Procurement Analyst, Solar Building, Room 1A25.

Original Plan with Progress Review/Summary Rating (Form NIH 2585): Respective SES/EPMS Program Coordinator.

Form NIH 433 (NIH Directory Form): Telephone and Directory Section, Telecommunications Branch, Office of Research Services, Building 10, Room B1A33. Retains Part 3 of the form for the files.

Form HHS 521 (Cancellation of Outside Activity): Outside Activities Coordinator, Building 31, Room 7A19.

Item 11--Redelegation of the Following is Required: The supervisor will check each box in the left column for each item that is applicable to the separating employee. Upon completion of the redelegation, the supervisor will initial the line to the right of the item.

Item 12--Items to be Turned in to A.O.: The Administrative Officer will check each box in the left column for each item that is applicable to the separating employee. When each applicable item has been turned in to the Administrative Officer, he/she will initial the line to the right of the item.

Item 13--Other: Any items not covered elsewhere on this form will be inserted here. Include any actions taken to resolve issues of indebtedness and/or any actions to ensure the return of any accountable property, forms, records, and other Government property to the appropriate Property Custodian.

Item 14--Supervisor's Signature: The employee's immediate supervisor will sign and date this block.

Item 15--Employee's Signature: Upon completion of the clearance procedures, the employee will sign and date this block. (If the employee is unable or refuses to sign, the employee's immediate supervisor will sign and date this block.) After all appropriate items have been completed/turned in or redelegated and initialed by the A.O. or supervisor, the supervisor will: 1) retain a copy of the form for his/her files, 2) provide a copy to the employee, and 3) provide the original to the Administrative Office. The Administrative Officer will provide a copy to the Personnel Management Branch.